U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

	For Official Use Only
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
E	Cut's an

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10077	2. Fiscal Year Covered From
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenny L Maas	Name I.B.E.W. Local Union #288
	Labor Organization File Number 009-641
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 318 Prospect Avenue	Street 1695 Burton Avenue
City Waterloo	City Waterloo
State Iowa ZIP Code + 4 50703	State Iowa ZiP Code + 4 50703
5. Position in labor organization.  Business Mcr./Financial Sec	retary
	pouse or minor child directly o: indirectly had any of the following interests clusions set forth in the instruc?ເens):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Si	gnature
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Alman Man	On 8/11/2005 319-233-8050
	Date Telephone Number

Name of Person Filing Kenny Maas		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, co (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Benefit Plan Administrators	9. Business deals with:  a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any P.O. Box 1951	b. Trust		
Street  City Fargo  State North Dakota ZIP Code + 4 58107			ĺ
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Dakotas & Western Minnesota H&W Plan		ing. istrators is the plan the health and welfare trust.	
P.O. Box, Bldg., Room No., if any P.O. Box 1951			
Succi	11.b. Approximate dollar val	ue of such dealing.	
City Fargo  State North Dakota ZIP Code + 4 58107	12.a. Nature of interest he May 18, 2004 tmust	d or income received.	
	12.b. Amount.		\$66
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		THE SULLIFICATION OF THE PROPERTY OF THE PROPE	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	į		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Kenny Maas	File Number U-
··································	<u> </u>

## **Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals wth
Name McGrann Shea Anderson Chartered	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 800 Nicollet Mall	c. Employer
City Minneapolis	•
State Minnesota ZIP Code + 4 55402	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Dakotas & Western Minnesota H&W Plan	The McGrann Shea Anderson Carnival Straughn and Lamb firm is the legal counsel for the health and welfare trust.
Trade Name, if any:	wellare clast.
P.O. Box, Bldg., Room No., if any P.O. Box 1951	
Street	
City Fargo	
State North Dakota ZIP Code + 4 58107	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Trustee dinner and refreshments on August 9, 2004
	12.b. Amount. \$60

Name of Person Filing Kenny Maas		File Number U-	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name Chartwell Benefits Consulting	a. Labor Organization
Trade Name, if any:	L a. Labor organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 601 Carlson Parkway, Suite 1050	c. Employer
City Minnetonka	
State Minnesota ZIP Code + 4 55305	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Dakotas & Western Minnesota H&W Plan	Chartwell Benefits Consulting is the financial consulting firm for the health and welfare trust.
Trade Name, if any:	
P.O. Box, Bldg , Room No., if any P.O. Box 1951	
Street	
City Fargo	
State North Dakota ZIP Code + 4 58107	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Two trustee dinners with refreshments on February 10, 2004 and on August 10, 2004
	12.b. Amount. \$129

Name of Person Filing Kenny Maas	File Number U-

## **Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	uding trade name, if any).	9. Business deals with:		
Name Principal Financial G	roup	a. Labor Organization		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any P.O	. Box 9397	b. Trust		
Street 710 9th Street		c. Employer		
City Des Moines				
State Iowa	ZIP Code + 4 50309-1502			
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.	11.a. Nature of such cealing.		
Name IBEW Local 288 Retire	ment & 401(k) Plan	Principal Financial is the investment firm which holds the retirement trust investments for the	:h	
P.O. Box, Bldg., Room No., if any P.O. Box 9397  Street 710 9th Street  City Des Moines		individual participants in the IBEW Local 288 retirement plan.		
P.O. Box, Bldg., Room No., if any				
Street 1695 Burton Avenue				
City Waterloo				
State Iowa	ZIP Code + 4 50703	11.b. Approximate dollar value of such dealing.		
		12.a. Nature of interest held or income received.		
		One round of golf on September 26, 2004		
		12.b. Amount,	\$75	